

# CIVILIAN POSITION NEEDS

1. Forward completed original plus 1 copy to the Position Management Committee via Head, Civilian Personnel Division
2. A separate request is required for each position desired.
3. If space is insufficient in any block, continue on plain paper identified by block number.
4. You will be notified of final action by the Chairman, Position Management Committee

1. \_\_\_\_\_  
 From (Department Head) \_\_\_\_\_ Date \_\_\_\_\_

2. Type of Action DATE EMPLOYEE REQUIRED PRIORITY  
 \_\_\_\_\_ New position \_\_\_\_\_ (Circle one)  
 \_\_\_\_\_ Upgrade \_\_\_\_\_ Emergency \_\_\_\_\_ Urgent \_\_\_\_\_ Desired \_\_\_\_\_  
 \_\_\_\_\_ Other Changes \_\_\_\_\_  
 \_\_\_\_\_ Perm \_\_\_\_\_ Temp If Temp What If Part Time, # of  
 \_\_\_\_\_ FT \_\_\_\_\_ PT Duration Hrs. per pay period

3. Proposed title, grade, series. You must attach a draft of the proposed position description.

4. Name, title and grade of immediate supervisor of the position

5. Who presently performs these duties?

6. What new requirements-increase in workload, etc., has caused the need for this position/upgrade?

7. What new equipment and/or increased space will be required to support this position? (New position only)

8. What effect upon the hospital's mission will disapproval of this request have? State any alternatives for accomplishment of mission.

INSUFFICIENT DOCUMENTATION WILL BE CAUSE FOR RETURNING THIS REQUEST

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Name, Rank/Title of Requestor	Signature of Requestor	Date
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Name, Rank/Title of Approval Authority (Directorate)	Signature of Approval Authority (Directorate)	Date
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Comments

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ACTION BY POSITION MANAGEMENT COMMITTEE	Date Received	Date Action
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From: Chairman, Position Management Committee	Date
To: Commanding Officer	

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1. Forwarded, recommending approval/disapproval.

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Chairman's Signature

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From: Commanding Officer	Date
To: Chairman, Position Management Committee	

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1. Returned approved/disapproved.

2. You are directed to take appropriate action and notify requestor of my action.

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Commanding Officer's Signature

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